

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

RECEIVED

DATE RECEIVED
(For Official Use Only)

JAN 14 1991

AIR and WASTE
MANAGEMENT

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number
~~KSD 000203638~~
~~KSD 4849859741~~

II. Name of Installation (Include company and specific site name)

DREW ENDUSTRIAL (ASHLAND CHEMICAL)

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3755 FIBERGLASS ROAD ^{Spelling}

City or Town

State

Zip Code

KANSAS CITY

KS 66115

County Code

County Name

209 WYANDOTTE

Laurens

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

HENDRY

ROBERT S JR

Job Title

Phone Number (area code and number)

MGR ENV SVC

203 366 3037

VI. Installation Contact Mailing Address (See instructions)

Street or P.O. Box

OLIN CORP PO BOX 1355

City or Town

State

Zip Code

STAMFORD

CT 06904-1355

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

ASHLAND CHEMICAL INC.

Street, P.O. Box, or Route Number

5200 BLAZER PARKWAY

City or Town

State

Zip Code

DUBLIN

OH 43017

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner

(Date Changed)
Month Day Year

614-889-3333

P

P

Yes

No

X

formerly Olin Waters
D. Waters

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<p>1. Generator (See Instructions)</p> <p><input checked="" type="checkbox"/> Greater than 1000 kg/mo (2200 lbs)</p> <p><input type="checkbox"/> 25 to 1000 kg/mo (55-2200 lbs)</p> <p><input type="checkbox"/> Less than 25 kg/mo (55 lbs)</p> <p>2. Transporter (Indicate Mode)</p> <p><input type="checkbox"/> For own waste only</p> <p><input type="checkbox"/> For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> Air</p> <p><input type="checkbox"/> Rail</p> <p><input type="checkbox"/> Highway</p> <p><input type="checkbox"/> Water</p> <p><input type="checkbox"/> Other-specify </p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity. (See instructions.)</p> <p><input type="checkbox"/> 4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> Generator Marketing to Burner</p> <p><input type="checkbox"/> Other Marketers</p> <p>Burner-indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> Utility Boiler</p> <p><input type="checkbox"/> Industrial Boiler</p> <p><input type="checkbox"/> Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p><input type="checkbox"/> 1. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> Generator Marketing to Burner</p> <p><input type="checkbox"/> Other Marketer</p> <p><input type="checkbox"/> Burner-indicate device(s)</p> <p>Type of Combustion Device</p> <p><input type="checkbox"/> Utility Boiler</p> <p><input type="checkbox"/> Industrial Boiler</p> <p><input type="checkbox"/> Industrial Furnace</p> <p><input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p>

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles.

1. Ignitable (D001) 2. Corrosive (D002) 3. Reactive (D003)



4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminants)

OK D007 D018 D022

B. Listed Hazardous Wastes.

<p>1 <input checked="" type="checkbox"/> OK</p> <p>U070</p> <p>7 <input checked="" type="checkbox"/></p> <p>U077</p>	<p>2</p> <p>U134</p> <p>8</p>	<p>3</p> <p>U044</p> <p>9</p>	<p>4</p> <p>U019</p> <p>10</p>	<p>5</p> <p>U220</p> <p>11</p>	<p>6</p> <p>U002</p> <p>12</p>
<p>13</p> <p> </p> <p>19</p> <p> </p>	<p>14</p> <p> </p> <p>20</p> <p> </p>	<p>15</p> <p> </p> <p>21</p> <p> </p>	<p>16</p> <p> </p> <p>22</p> <p> </p>	<p>17</p> <p> </p> <p>23</p> <p> </p>	<p>18</p> <p> </p> <p>24</p> <p> </p>

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

R.S. Henney Jr.

Name and Official Title (type or print)

R.S. HENNEY JR., MGR ENV SVC OLIN CORP.

Date Signed

1/11/91

XI. Comments

RE NOTIFICATION & CERTIFICATION: OLIN PRIOR OWNER ASHLAND NEW OWNER I.D. No. KSD 000203638. NEW ID No. Needed

BY OLIN TO COMPLETE CONTRACTUAL RESPONSIBILITIES TO DREW. R.S. HENNEY AN OLIN EMPLOYEE WITH NO OPERATIONAL RESPONSIBILITIES AT FACILITY

MAIL COMPLETED FORM TO:

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
BUREAU OF AIR & WASTE MANAGEMENT
FORBES FIELD, BLDG. 740
TOPEKA, KS 66620-0001